Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500-SF.**

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A This return/report is for:
- [X] a single-employer plan
- [ ] a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)
- [ ] a one-participant plan
- [ ] a foreign plan

B This return/report is
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE GASTROENTEROLOGY CLINIC AND ENDOSCOPY CENTER, INC. DEFINED BENEFIT PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2005

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
THE GASTROENTEROLOGY CLINIC AND ENDOSCOPY CENTER, INC.

1622 EAST MARKET STREET
WARREN, OH 44483-6613

2b Employer Identification Number (EIN) 34-1827025

2c Sponsor's telephone number 330-399-7215

2d Business code (see instructions) 621111

3a Plan administrator's name and address [X] Same as Plan Sponsor.

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.
a Sponsor's name

4b EIN

4c PN

5a Total number of participants at the beginning of the plan year	**5a**	26
b Total number of participants at the end of the plan year	**5b**	25
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	**5c**	
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	26
d(2) Total number of active participants at the end of the plan year	**5d(2)**	23
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	0

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/30/2015	ADEL YOUSSEF
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Preparer's telephone number (optional)

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ..... [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... [X] Yes [ ] No

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... [ ] Yes [X] No [ ] Not determined

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1609840	2070669
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	1609840	2070669
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)	400000	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	84530	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		484530
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	23701	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	0	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		23701
i Net income (loss) (subtract line 8h from line 8c)	8i		460829
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1B 1C

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		400000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)..... [X] Yes [ ] No

11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 ..... **11a** 0

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. [ ] Yes [X] No

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. ..... Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	**12b**	
c Enter the amount contributed by the employer to the plan for this plan year	**12c**	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	**12d**	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?		☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	**13a**	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☐ Yes ☒ No

c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	**13c(2)** EIN(s)	**13c(3)** PN(s)

Part VIII Trust Information (optional)

14a Name of trust	**14b** Trust's EIN

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
THE GASTROENTEROLOGY CLINIC AND ENDOSCOPY CENTER, INC. DEFINED BENEFIT PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
THE GASTROENTEROLOGY CLINIC AND ENDOSCOPY CENTER, INC.

D Employer Identification Number (EIN)
34-1827025

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2014

2 Assets:

a Market value	**2a**	1609710
b Actuarial value	**2b**	1609710

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	0	0	0
c For active participants	26	1357865	1363865
d Total	26	1357865	1363865

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.94%
6 Target normal cost	**6**	241249

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

09/25/2015
Date

SARA K. DEFILIPPO
Type or print name of actuary

14-07318
Most recent enrollment number

DUNBAR, BENDER & ZAPF, INC.
Firm name

412-263-0102
Telephone number (including area code)

437 GRANT ST,FRICK BLDG,SUITE 1100
PITTSBURGH, PA 15219-6114
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	4267	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	4267	0
10	Interest on line 9 using prior year's actual return of 22.07%	942	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		17270
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.93 %		1024
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		18294
	d Portion of (c) to be added to prefunding balance		18000
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	5209	18000

Part III Funding Percentages

14	Funding target attainment percentage	14	116.32 %
15	Adjusted funding target attainment percentage	15	118.02 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	111.40 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/01/2014	5000	0	01/12/2015	5000	0
12/08/2014	5000	0	01/20/2015	5000	0
12/15/2014	5000	0	01/26/2015	5000	0
12/22/2014	5000	0	02/02/2015	5000	0
12/29/2014	5000	0	02/09/2015	5000	0
01/05/2015	5000	0	02/17/2015	5000	0
			Totals ► 18(b)	400000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	367485

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of _____ %		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		

Part III Funding Percentages

14	Funding target attainment percentage	14	%
15	Adjusted funding target attainment percentage	15	%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
02/23/2015	5000	0	06/29/2015	10000	0
03/02/2015	5000	0	07/08/2015	10000	0
06/01/2015	3606	0	07/13/2015	10000	0
06/08/2015	10000	0	07/20/2015	10000	0
06/15/2015	10000	0	07/27/2015	110000	0
06/22/2015	10000	0	07/29/2015	110000	0
			Totals ► 18(b)		18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	
b	Contributions made to avoid restrictions adjusted to valuation date	19b	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of _____ %		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		

Part III Funding Percentages

14	Funding target attainment percentage	14	%
15	Adjusted funding target attainment percentage	15	%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/10/2015	10000	0			
08/17/2015	10000	0			
08/21/2015	6394	0			
09/10/2015	10000	0			
			Totals ► 18(b)		18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	
	b Contributions made to avoid restrictions adjusted to valuation date	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.99 %	6.32 %	6.99 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	58

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	241249
b Excess assets, if applicable, but not greater than line 31a	**31b**	222636

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	18613

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	18613
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	367485

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	348872
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

Plan Name: The Gastroenterology Clinic and Endoscopy Center, Inc. Defined Benefit Pension Plan

Sponsor Name: The Gastroenterology Clinic and Endoscopy Center, Inc.

EIN: 34-1827025

Plan Number: 002

Schedule SB, Attachment to Line 26 - Schedule of Active Participant Data

Attained Age	Years of Credited Service to January 1, 2014																	
	0 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up		Total	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
1 to 19	-		-		-		-		-		-		-		-		-		0	
20 to 24	2		-		-		-		-		-		-		-		-		2	
25 to 29	2		-		-		-		-		-		-		-		-		2	
30 to 34	3		2		-		-		-		-		-		-		-		5	
35 to 39	1		1		-		-		-		-		-		-		-		2	
40 to 44	-		-		-		-		-		-		-		-		-		0	
45 to 49	2		-		-		-		-		-		-		-		-		2	
50 to 54	2		1		-		-		-		-		-		-		-		3	
55 to 59	1		3		-		-		-		-		-		-		-		4	
60 to 64	2		4		-		-		-		-		-		-		-		6	
65 to 69	-		-		-		-		-		-		-		-		-		0	
70 to 74	-		-		-		-		-		-		-		-		-		0	
75 & up	-		-		-		-		-		-		-		-		-		0	
Total	15		11		0		0		0		0		0		0		0		26	

THE GASTROENTEROLOGY CLINIC AND ENDOSCOPY CENTER, INC.
DEFINED BENEFIT PENSION PLAN
EIN / PN: 34-1827025 / 002

Schedule SB, Part V – Summary of Principal Plan Provisions

The following is a summary of the major provisions of the above plan as of the valuation date. Please refer to the plan document for a more complete description of the most recent plan provisions.

I. Effective Date: January 1, 2005
Restated Effective Date: January 1, 2010

II. Definitions:

A. Actuarial Equivalence (§7.11): The applicable mortality table described in Section 417(e)(3)(B) (as amended by the Pension Protection Act of 2006) and 5.00% interest Pre-Retirement and 5.50% interest Post-Retirement. However, the amount of any single sum distribution will be determined based on the applicable mortality table set forth in Section 417(e)(3)(B) of the Internal Revenue Code and the rate of interest on 30-year Treasury securities, as specified for the month of November preceding each Plan Year.

B. Compensation (§2.11): Total earnings, including deferrals

C. Year of Service (§2.68): Earned for each Plan Year following the Effective Date of the plan in which a participant completes 1,000 hours of service

D. Employee (§2.25, 2.29): Each individual employed with the Employer, excluding (a) Milan Dodig (b) Melissa Youssef, (c) Christie Youssef, (d) any individual who is a Leased Employee, or (e) any individual who is characterized as an independent contractor by the Employer."

Effective July 1, 2014, the Excluded Employees under this Plan include: (a) any individual who is a Leased Employee, (b) Milan Dodig, M.D., (c) Ann Silverman, M.D., (d) Victor Lossev, M.D., (e) John Wippert, M.D., (f) Melissa Youssef, (g) Christie Youssef, (h) any Employee who is employed by an Affiliated Employer and not by the Employer, or (i) an Employee who is not reported on the payroll records of the Employer as a "common law employee. "

E. Entry Date (§2.27): January 1 and July 1

F. Plan Year (§2.46): January 1 to December 31

G. Cash Balance Participant (§2.09): Adel I. Youssef

H. Unit Credit Participant (§2.67): A Participant who is not a Cash Balance Participant

III. Eligibility and Participation (§3.01): Each Eligible Employee shall become a Participant on the Entry Date coincident with or next following the completion of one (1) Year of Service and the attainment of age twenty-one (21).

Schedule SB, Part V – Summary of Principal Plan Provisions (continued)

IV. Benefit Eligibility

A. Normal Retirement Age (§2.40): Age 62, or 5th anniversary of plan entry if later.

B. Normal Retirement Date (§2.41): The first of the month coincident with or next following the attainment of Normal Retirement Age

C. Early Retirement Age (§2.21): Age 55, or 5th anniversary of plan entry if later.

D. Late Retirement (§5.07): If a Participant is employed beyond his Normal Retirement Date, the commencement of retirement benefits will be postponed to the date of actual retirement.

E. Disability Retirement (§2.15): A physical or mental disability which is sufficient to prevent a Participant from satisfactorily performing work for which he was suited by ability, training, and experience immediately prior to the onset of such physical or mental disability.

V. Retirement Benefits

A. Normal Form of Benefit (§5.01): Life Annuity payable in monthly installments

B. Cash Balance Benefit (§5.02): A Cash Balance Account will be maintained on behalf of each Cash Balance Participant. As of December 31, 2005 and each December 31 thereafter, the Cash Balance Account for each Cash Balance Participant who has completed 500 hours of service during the Plan Year will be credited with an amount equal to 30% of his or her compensation for the Plan Year.

Effective January 1, 2010, as of December 31, 2010 and each December 31 thereafter, the Cash Balance Account for each Cash Balance Participant who has completed 500 hours of service during the Plan Year will be credited with an amount equal to 73.20% of his or her compensation for the Plan Year.

In addition, as of each December 31 after December 31, 2005, each such participant's Cash Balance Account will also be credited with an amount equal to the amount of his or her Cash Balance Account as of the immediately preceding December 31, multiplied by the interest rate on 30-year Treasury securities as specified for the month of November in the Plan Year prior to the Plan Year containing the December 31.

As of December 31, 2012 benefit accruals are frozen

Effective January 1, 2013, as of December 31, 2013 and each December 31 thereafter, the Cash Balance Account for each Cash Balance Participant who has completed 500 hours of service during the Plan Year will be credited with an amount equal to 87.00% of his or her compensation for the Plan Year.

The amount of the Cash Balance Benefit as of any particular date of determination will be payable in the Normal Form of Benefit. This will be determined by accumulating the Cash Balance Account through the Participant's Normal Retirement Date (without regard to whether the Participant is credited with any additional hours of service) with interest credits (assuming no change in the rate mentioned above for the month of November immediately preceding the Plan Year containing the date of determination).

C. Benefit Formula Applicable to Unit Credit Participants (§5.03): The amount of the monthly retirement income payable to any Unit Credit Participant will be equal to Fifteen and 00/100 Dollars ($15.00), multiplied by the number of the Unit Credit Participant's completed Years of Benefit Service.

D. Early Retirement Benefit (§5.08): The amount of the Early Retirement Benefit will be equal to the vested portion of the Participant's Accrued Benefit as of the date of his early retirement. The amount payable will not be actuarially adjusted to reflect early commencement."

E. Accrued Benefit (§2.01): The benefit amount earned by a Participant as of a particular date of determination based on his or her Years of Benefit Service as of that date. For a Cash Balance Participant, the equivalent benefit amount earned as of a particular date of determination based on the value of his or her cash balance account as of that date.

VI. Vesting (§6.01 and §6.02): A participant is 100% vested in his Accrued Benefit upon reaching Normal Retirement or terminating employment because of death or disability. All other vesting follows the table below and excluded service prior to the effective date:

Years of Service	Vested Percentage
Less than 3	0%
3 or more	100%

VII. Death Benefit (§5.10):

A. If a Participant dies prior to the commencement of benefits, the Trustee will pay his or her beneficiary an amount equal to the Actuarial Equivalent present value of the Participant's Accrued Benefit as of the date of death.

B. Upon the death of a Participant subsequent to the commencement of benefits, his beneficiary will be entitled to whatever death benefit may be available under the settlement arrangements pursuant to which the Participant's benefit was payable.

Schedule SB, Part V – Summary of Principal Plan Provisions (continued)

VIII. Payment of Benefits

A. Normal Form of Payment (§5.01): Actuarially equivalent life annuity to single participants, 100% joint and survivor annuity to spouse for married participants

B. Optional Forms (§7.03): Life annuity with or without certain period, joint and survivor annuities, and single sum distribution

C. Small Retirement Income Payments (§7.04): If the present value of a Participant's vested Accrued Benefit does not exceed $5,000, a lump sum distribution will automatically be paid without requiring the Participant's consent.

THE GASTROENTEROLOGY CLINIC AND ENDOSCOPY CENTER, INC.
DEFINED BENEFIT PENSION PLAN
EIN / PN: 34-1827025 / 002

Schedule SB, Part V - Summary of Actuarial Assumptions/Methods

1. Mortality:

	January 1, 2013	January 1, 2014
a. Funding:		
Pre-Retirement	None	None
Post-Retirement	RP-2000 Combined Table	RP-2000 Combined Table
Post-Retirement for Those Assumed to Elect a Lump Sum	IRC 417(e) Lump Sum Table for 2013	IRC 417(e) Lump Sum Table for 2014
b. Present Value of Accrued Benefits:	IRC 417(e) Lump Sum Table for 2013	IRC 417(e) Lump Sum Table for 2014

2. Interest Rate(s):

	January 1, 2013	January 1, 2014
a. Minimum / Maximum Funding*:		
i). Segment 1	4.94%	4.99%
ii). Segment 2	6.15%	6.32%
iii). Segment 3	6.76%	6.99%
iv). Effective Rate of Interest	5.933%	5.940%
** Segment rates are based on rates issued for the fourth month prior to the beginning of the plan year as adjusted by MAP-21.*		
b. Maximum Funding*:		
i). Segment 1	1.75%	1.37%
ii). Segment 2	4.62%	4.05%
iii). Segment 3	5.72%	5.06%
iv). Effective Rate of Interest	4.272%	3.616%
** Segment rates are based on the non-transitional rates issued for the fourth month prior to the beginning of the plan year*		
c. Present Value of Accrued Benefits:		
Termination Basis:		
Segment 1	0.97%	1.19%
Segment 2	3.50%	4.53%
Segment 3	4.60%	5.66%
Cash Balance Credit Rate	2.80%	3.80%

3. Salary Scale: None

Schedule SB, Part V - Summary of Actuarial Assumptions/Methods (continued)

4. Cash Balance Account Interest Credit: 3.80% compounded annually for accumulating account balances

5. Expenses: The Plan Sponsor is assumed to pay all administrative expenses outside the Plan.

6. Form of Payment: 100% of deferred vested & active participants assumed to take a lump sum payment

7. Asset Valuation Method: Market Value

8. Assumed Retirement Age: 55 or attained age if greater

9. Top Heavy Minimum: Minimum benefits were recognized in the defined contribution plan as of the valuation date since the plan was top heavy as of the determination date.

10. Funding Method:

Traditional Unit Credit

The actuarial cost method used in the valuation was the unit credit cost method.

The normal cost is the sum of all the individual normal costs for each participant. For active participants, the individual normal cost is the present value of the benefit earned during the year being valued. For active participants whose credited service equals or exceeds the plan maximum, if any, and for non-active participants, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all participants. The individual accrued liability for an active participant is the present value of the accrued benefit as of the valuation date. The unfunded liability is the actuarial accrued liability less the valuation assets.

The total annual cost of the plan is the normal cost plus the shortfall amortization charge.

Projected Unit Credit

The actuarial cost method used in the development of the maximum contribution and the at-risk liabilities was the projected unit credit cost method.

Under this method, the normal cost is the sum of the individual normal costs for all participants. For an active participant, the individual normal cost is the present value at the current age of the projected benefit at the assumed retirement age, based on the actuarial assumptions, divided by the participant's expected years of credited service at that age. For a non-active participant, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all plan participants. For an active participant, the individual accrued liability is the product of the normal cost and the total years of credited service at the current age. For non-active participants, the individual accrued liability is the present value at the current age of future benefits. The unfunded actuarial accrued liability equals the actuarial accrued liability less the valuation assets.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
THE GASTROENTEROLOGY CLINIC AND ENDOSCOPY CENTER, INC. DEFINED BENEFIT PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
THE GASTROENTEROLOGY CLINIC AND ENDOSCOPY CENTER, INC.

D Employer Identification Number (EIN)
34-1827025

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2014

2 Assets:

a Market value	2a	1609710
b Actuarial value	2b	1609710

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	0	0	0
c For active participants	26	1357865	1363865
d Total	26	1357865	1363865

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	

5 Effective interest rate	5	5.94%
6 Target normal cost	6	241249

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

9/25/2015
Date

SARA K. DEFILIPPO
Type or print name of actuary

1407318
Most recent enrollment number

DUNBAR, BENDER & ZAPF, INC.
Firm name

412-263-0102
Telephone number (including area code)

437 GRANT ST, FRICK BLDG, SUITE 1100
PITTSBURGH PA 15219-6114
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	4267	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	4267	0
10	Interest on line 9 using prior year's actual return of 22.07%	942	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		17270
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.93%		1024
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		18294
	d Portion of (c) to be added to prefunding balance		18000
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	5209	18000

Part III Funding Percentages

14	Funding target attainment percentage	14	116.32%
15	Adjusted funding target attainment percentage	15	118.02%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	111.40%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/01/2014	5000	0	06/01/2015	3606	0
12/08/2014	5000	0	06/08/2015	10000	0
12/15/2014	5000	0	06/15/2015	10000	0
12/22/2014	5000	0	06/22/2015	10000	0
12/29/2014	5000	0	06/29/2015	10000	0
01/05/2015	5000	0	07/08/2015	10000	0
01/12/2015	5000	0	07/13/2015	10000	0
01/20/2015	5000	0	07/20/2015	10000	0
01/26/2015	5000	0	07/27/2015	110000	0
02/02/2015	5000	0	07/29/2015	110000	0
02/09/2015	5000	0	08/10/2015	10000	0
02/17/2015	5000	0	08/17/2015	10000	0
02/23/2015	5000	0	08/21/2015	6394	0
03/02/2015	5000	0	09/10/2015	10000	0
			Totals ▶ 18(b)	400000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	367485

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.99%	6.32%	6.99%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	58

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6)	**31a**	241249
b Excess assets, if applicable, but not greater than line 31a	**31b**	222636

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	18613

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	18613
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	367485
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	348872
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

Plan Name: The Gastroenterology Clinic and Endoscopy Center, Inc. Defined Benefit Pension Plan

Sponsor Name: The Gastroenterology Clinic and Endoscopy Center, Inc.

EIN: 34-1827025

Plan Number: 002

Schedule SB - Line 19 - Discounted Employer Contributions

Date	Contribution Amount	Plan Year Applied	Applicable Effective Interest Rate	Interest Adjusted Contribution
12/01/2014	$ 5,000	01/01/2014	5.940%	$ 4,742
12/08/2014	$ 5,000	01/01/2014	5.940%	$ 4,737
12/15/2014	$ 5,000	01/01/2014	5.940%	$ 4,732
12/22/2014	$ 5,000	01/01/2014	5.940%	$ 4,726
12/29/2014	$ 5,000	01/01/2014	5.940%	$ 4,721
01/05/2015	$ 5,000	01/01/2014	5.940%	$ 4,717
01/12/2015	$ 5,000	01/01/2014	5.940%	$ 4,711
01/20/2015	$ 5,000	01/01/2014	5.940%	$ 4,705
01/26/2015	$ 5,000	01/01/2014	5.940%	$ 4,701
02/02/2015	$ 5,000	01/01/2014	5.940%	$ 4,696
02/09/2015	$ 5,000	01/01/2014	5.940%	$ 4,691
02/17/2015	$ 5,000	01/01/2014	5.940%	$ 4,685
02/23/2015	$ 5,000	01/01/2014	5.940%	$ 4,680
03/02/2015	$ 5,000	01/01/2014	5.940%	$ 4,674
06/01/2015	$ 3,606	01/01/2014	5.940%	$ 3,323
06/08/2015	$ 10,000	01/01/2014	5.940%	$ 9,205
06/15/2015	$ 10,000	01/01/2014	5.940%	$ 9,194
06/22/2015	$ 10,000	01/01/2014	5.940%	$ 9,184
06/29/2015	$ 10,000	01/01/2014	5.940%	$ 9,174
07/08/2015	$ 10,000	01/01/2014	5.940%	$ 9,161
07/13/2015	$ 10,000	01/01/2014	5.940%	$ 9,153
07/20/2015	$ 10,000	01/01/2014	5.940%	$ 9,143
07/24/2015	$ 100,000	01/01/2014	5.940%	$ 91,371
07/27/2015	$ 10,000	01/01/2014	5.940%	$ 9,133
07/29/2015	$ 100,000	01/01/2014	5.940%	$ 91,298
08/03/2015	$ 10,000	01/01/2014	5.940%	$ 9,124
08/10/2015	$ 10,000	01/01/2014	5.940%	$ 9,114
08/17/2015	$ 10,000	01/01/2014	5.940%	$ 9,103
08/21/2015	$ 6,394	01/01/2014	5.940%	$ 5,817
09/10/2015	$ 10,000	01/01/2014	5.940%	$ 9,070
Total:	$ 400,000			$ 367,485

THE GASTROENTEROLOGY CLINIC AND ENDOSCOPY CENTER, INC.
DEFINED BENEFIT PENSION PLAN
EIN / PN: 34-1827025 / 002

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Age	Retirement Probability	Weight
55	100%	57.69
56	100%	0.00
57	100%	7.69
58	100%	7.69
59	100%	0.00
60	100%	0.00
61	100%	15.39
62	100%	0.00
63	100%	0.00
64	100%	3.85
65	100%	0.00
66	100%	0.00
67	100%	7.69

Weighted Retirement Age is 57.58

THE GASTROENTEROLOGY CLINIC AND ENDOSCOPY CENTER, INC.
DEFINED BENEFIT PENSION PLAN
EIN / PN: 34-1827025 / 002

Schedule SB, Line 24 – Changes in Actuarial Assumptions

The assumed retirement dates for Adel Youssef, Hala Girgis, Samia Henin, Sabet Henin, Terri Stephenson, Linda Talkington, and Sharon Valot were updated to 1/1/2015 in order to better reflect the anticipated experience of the plan.